

## UNITED STATES DISTRICT COURT

for the  
Southern District of IllinoisJEREMY THOMASON

22-834-SMY

Case Number: \_\_\_\_\_

(Clerk's Office will provide)

Plaintiff(s)/Petitioner(s)

v.

☒ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act, 28 U.S.C.

§§1346, 2671-2680, or other law

WEXFORD'S Medical Provider, Nurse Dallison, Nurse  
PLATTINER STONE, WARDEN Dee Dee Brockhart, Sgt.  
FIERRO, Director of Nurses Lachey and Rob Jeffers  
Director of ILDOC.

Defendant(s)/Respondent(s)

## I. JURISDICTION

## Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of
- 
- confinement.

Jeremy THOMASON, Register # m39074  
10930 Lawrence Road  
Sumner, IL  
62466 - LAWRENCE Correctional Center -

## Defendant #1:

- B. Defendant
- Dallison
- is employed as

(a) (Name of First Defendant)

Nurse

(b) (Position/Title)

with Wexford's Medical Provider 10930 LAWRENCE RD.

(c) (Employer's Name and Address)

SUMNER IL. 62466At the time the claim(s) alleged this complaint arose, was Defendant #1  
employed by the state, local, or federal government? ☒ Yes ☐ NoIf your answer is YES, briefly explain: Employed by the State of Illinois,  
works for Wexford's Health Care Provider who in turn provides services for the Illinois  
Department of Corrections.

## Defendant #2:

C. Defendant SARA STOVER is employed as

(Name of Second Defendant)

NURSE Practioner

(Position/Title)

with Wexford's Medical Provider  
(Employer's Name and Address)

10930 LAWRENCE RD. SUMNER IL. 62466

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain: Employed by the state of Illinois works for Wexford's Medical Provider who in turn provides services for the Illinois Department of Corrections.

## Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

Defendant #3: Defendant Wexford's Medical Provider is employed as

Private Corporation

with THE DEPARTMENT OF CORRECTIONS 10930 LAWRENCE RD.

SUMNER IL 62466

Employed by the State of Illinois provides Medical Services for the Illinois Department of Corrections.

## Defendant #4:

Defendant JOE BROCKHART is employed as

Acting WARDEN with

THE ILLINOIS DEPARTMENT OF CORRECTIONS

Rev. 10/3/19 10930 LAWRENCE RD SUMNER IL 62466

Employed by the State of Illinois. Employs Wexford to provide Medical Services for the DEPARTMENT OF CORRECTIONS.

#5

[E]

Defendant Lackey is employed as the Director of Nurses with Wexford's Medical Provider at Lawrence Correctional Center, 10930 Lawrence Rd in Sumner IL, 62466. At the time the claims alleged this complaint arose the Defendant was employed by state government. Nurse Lackey is and was employed by the State of Illinois. Works for Wexford's Health Care Provider who in turn provides services for the Illinois Department of Corrections.

#6

[F] Defendant Rob Jefferys is employed as the Director of the Illinois Department

of Corrections. At the time the claims alleged this complaint arose the Defendant was employed by the State Government. Rob Jefferys is employed by the State of Illinois and at the time of this complaint was the Acting Director.

#7

[G] Defendant Sgt. Fierro is at all times employed by the Illinois Department of Corrections. At the time of the claims alleged in this complaint arose the Defendant was employed by the State Government. Sgt. Fierro is employed by the State of Illinois and at the time of this complaint was the Acting Sgt on duty.

## II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☐ Yes ☒ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): N/A

Defendant(s): N/A

2. Court (if federal court, name of the district; if state court, name of the county): N/A

3. Docket number: N/A

4. Name of Judge to whom case was assigned: N/A

5. Type of case (for example: Was it a habeas corpus or civil rights action?): N/A

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A



7. Approximate date of filing lawsuit: N/A
8. Approximate date of disposition: N/A
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?" N/A

### III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,

1. What steps did you take? Filed the initial grievance by placing it in the institutional mail system. Awaited Counselors response who investigated the claims from Health Care. The grievance was then forwarded to the grievance officer who denied the grievance that was concurred by the Chief Administrative Officer. Plaintiff then appealed to Administrative Review Board who denied as well.
2. What was the result?

Denied

D. If your answer is NO, explain why not. N/A

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No  
N/A

F. If your answer is YES,

1. What steps did you take?

N/A

2. What was the result? N/A

G. If your answer is NO, explain why not. N/A

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

SEE EXHIBIT A

GRIEVANCES AND ADMINISTRATIVE RESPONSE

**IV. STATEMENT OF CLAIM**

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.**

SEE Attached Exhibit B for claims

IV. STATEMENT OF CLAIM

1. On May 2, 2021 at approximately 2:00pm, JEREMY THOMASON, an inmate at LAWRENCE CORRECTIONAL CENTER, WAS ON THE RECREATIONAL YARD playing basketball when he injured his right hand - middle finger. Upon returning to the Housing Unit at 2:30pm THOMASON WAS PLACED IN THE CELL. THOMASON Did Not know to what extent his injury was. THOMASON then notice that his finger had swollen and began turning colors.

2. On May 2, 2021, at 3:15pm During the institutional Court, Mr. THOMASON informed Correctional Officer Sgt. FIERRO of his injury. Sgt. FIERRO observed the injury and stated: "DAMN, yes that looks pretty messed up." Sgt. FIERRO then informed Mr. THOMASON that he will call over to Health Care and see if they can see him, But he Don't Believe there's much they could do for this injury. Mr. THOMASON waited patiently for about Four(4) hours. THOMASON Asked Sgt. FIERRO what did Health Care say about his finger, Sgt. FIERRO stated "He forget", and he'll make the call now. Sgt. FIERRO returned a little while later and stated Health Care is understaffed and too busy to see me and try again tomorrow.

3. On May 3, 2021 at approximately 8:00am, Mr. THOMASON spoke to Sgt. Walker and informed him of his medical situation. Sgt Walker observed Mr. THOMASON's finger and call Health Care and informed THOMASON to get dressed to go to health care.

4. On May 3, 2021 Mr. THOMASON WAS SEEN BY NURSE DALLISON. THOMASON informed NURSE DALLISON of what occurred and believe he broke his finger because it was crooked and purple. NURSE DALLISON stated, "yes. it looks pretty messed up, But there's really nothing much they could do." Mr. THOMASON stated he did not want his finger to remain stuck in this position. NURSE DALLISON then pulled out a tounge suppressor, gauze and tape to make a Homemade splint and applied it to Mr. THOMASON's finger. NURSE DALLISON also provided Mr. THOMASON with a pack of 12-325 mg Tylenol



5. ON MAY 5, 2021 AT 8:30AM MR. THOMASON WAS CALLED TO THE HEALTH CARE UNIT BY NP STOVER. UPON ARRIVAL NP STOVER CHANGED THOMASON'S TONGUE SUPPRESSOR, GAUZE, AND TAPE. STOVER INFORMED THOMASON SHE'LL CONTINUE THIS IN AN ATTEMPT TO STRAIGHTEN HIS FINGER.

6. ON MAY 7, 2021 AT 10:00AM MR. THOMASON WAS CALLED TO THE HEALTH CARE UNIT BY NP STOVER. STOVER ASKED HOW MR. THOMASON'S FINGER WAS DOING, THOMASON INFORMED STOVER HE'S CONTINUING IN PAIN AND SOMETHING DOESN'T FEEL RIGHT. NP STOVER PRESCRIBED MR. THOMASON WITH 800 MG. I.B. PROFIN AND 500 MG TYLENOL AND CONTINUED TO STRAIGHTEN HIS FINGER WITH A NEW SPLINT. MR. THOMASON RECEIVED AN X-RAY AND SENT BACK TO THE HOUSING UNIT.

7. ON MAY 10, 2021 AT 12:30PM MR. THOMASON WAS CALLED TO THE HEALTH CARE UNIT TO SEE NP STOVER. THOMASON INFORMED MS. STOVER HE WAS STILL IN A LOT OF PAIN. STOVER CHANGED THE SPLINT WITH A NEW ONE TO CONTINUE TO STRAIGHTEN HIS FINGER. MS. STOVER STATED THAT THE X-RAY RESULTS HAVE NOT COME IN YET. THOMASON WAS SENT BACK TO THE HOUSING UNIT.

8. ON MAY 11, 2021 AT 11:30AM MR. THOMASON WAS CALLED TO THE HEALTH CARE UNIT AND AN UNKNOWN NURSE WITH BLONDE HAIR AND GLASSES ATTEMPTED TO PUT A SPLINT ON MR. THOMASON'S FINGER USING THE TONGUE SUPPRESSORS, GAUZE AND TAPE BUT COULDN'T GET IT WRAPPED CORRECTLY. ON MAY 16, 2021 THE SPLINT WAS TAKEN OFF AND PLACED CORRECTLY.

9. ON MAY 21, 2021 THOMASON SPOKE TO THE DIRECTOR OF NURSING, MS LUCKEY AND INFORMED HER OF HIS SITUATION. THOMASON SPECIFICALLY INFORMED THE DIRECTOR THAT HE WAS INJURED WHILE PLAYING BASKETBALL AND HE SUFFERED CONTINUED PAIN IN HIS FINGER AND BELIEVE HIS FINGER IS BROKE. THOMASON INFORMED THE DIRECTOR THAT THE MEDICAL STAFF ONLY PROVIDED HIM WITH I.B. PROFINS AND 500 MG TYLENOL AND PLACING A ~~STAND~~ SPLINT OF HIS INJURED FINGER. THOMASON INFORMED THE DIRECTOR

that will fulfill his medical needs. This occurred when the Director was conducting a walk-through in each Cell House Unit, at the facility. Director informed THOMASON she'll look into it.

10. On May 24, 2021 MR. THOMASON was called to the Health Care Unit at 12:30pm. THOMASON was seen by NP STOVER. THOMASON informed NP STOVER that his finger continues to hurt really bad. NP STOVER reviewed the medical file and informed MR. THOMASON that he have a fracture finger. NP STOVER changed MR. THOMASON's splint and sent him back to the Housing Unit.

11. On June 16, 2021 MR. THOMASON was call to the Health Care Unit to receive a second X-Ray.

12. On June 25, 2021 THOMASON was informed by NP STOVER that X-RAYS ARE BACK and shows that his finger hasn't healed at all. THOMASON then informed NP STOVER that his finger is significantly crooked and going to the left, why haven't they did more to fix his finger. NP STOVER stated: "It's just a crooked finger, it's not the end of the world." NP STOVER placed MR. THOMASON finger in another splint.

13. On August 2, 2021 at approximately 1:30pm THOMASON spoke to Nurse ~~DEWISE~~ and the Director of Nursing regarding the Covid-19 vaccine. ~~THOMASON~~ THOMASON informed the Director of Nurse of his situation again. THOMASON explained that it's been three months since his accident and the nurses continue to tell him there's not much they can do for his injury. THE DIRECTOR informed THOMASON, "it's just a finger, they probably won't do much for it."

14. On August 7, 2021 at approximately 2:30 THOMASON was call passed to see the Medical ~~DOCTOR~~ DOCTOR. Upon arrival THOMASON WAS SEEN BY A MALE BLACK Doctor ~~MEYERS~~ MEYERS. THE DOCTOR asked whether he'd been sent to an outside "MEYERS"

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THOMASON STATED, NO. HE WAS INFORMED BY NURSE WILSON AND STOVER, THERE WASN'T MUCH TO DO OTHER THAN FLYING THE FINGER IN AN SPLINT. THE M/B DOCTOR "MEYER'S" THEN SCHEDULED THOMASON FOR AN X-RAY AGAIN, TO DETERMINE WHETHER HE NEEDS TO SEE AN ORTHOPEDIC SURGEON OUTSIDE THE FACILITY. THE X-RAY WAS TAKEN ON AUGUST 10, 2021.

15. ON AUGUST 23, 26 & 29 THOMASON CONTINUED TO COMPLAIN OF THE PAIN HE WAS IN <sup>VIA</sup> REQUEST SLIP TO THE HEALTH CARE UNIT.

16. ON SEPTEMBER 1, 2021 THOMASON WENT TO THE HEALTH CARE UNIT AND WAS GIVEN A PACK OF 325mg TYLENOL BY NURSE BAKER.

17. ON NOVEMBER 10, 2021 MR. THOMASON WENT TO AN OUTSIDE HOSPITAL TO HAVE AN MRI. ON NOVEMBER 16, 2021 MR. THOMASON WAS SEEN BY MD/SAVINO AND INFORMED THAT SHE'S REQUESTING THAT SURGERY BE CONDUCTED ON HIS HAND.

18. ON DECEMBER 14, 2021 THOMASON WENT TO THE HEALTH CARE UNIT AND WAS SEEN BY NURSE DOTTY WHO INFORMED HIM THAT HIS SURGERY WAS APPROVED AND WOULD BE GOING TO SEE A DOCTOR FOR CONSULTATION. MR. THOMASON INFORMED NURSE DOTTY THAT THE CURRENT MEDICATION WAS NOT WORKING.

19. ON JANUARY 15, 2022 MR. THOMASON SENT A REQUEST SLIP TO HEALTH CARE REQUESTING MEDICAL RECORD AND ~~INFO~~ A STATUS ABOUT HIS CONSULTATION. ON JANUARY 19, 2022 HEALTH CARE RESPONDED STATING: "YOU'RE IN THE PROCESS OF BEING SCHEDULED FOR AN ORTHOPEDIC CONSULTATION, WHICH HAS TO HAPPEN FIRST."

20. MR. THOMASON HAS EXHAUSTED ALL OF HIS ADMINISTRATIVE ~~REMEDIES~~ REMEDIES WITH RESPECT TO ALL CLAIMS AND ALL DEFENDANTS.



1. Wexford's Medical Provider is a private Illinois Corporation which has been, at all relevant times, under a contract with the Illinois Department of Corrections to provide medical care and services to inmates confined with ILDOC, including Jeremy THOMASON. Wexford is being sued as a Corporation/Contractor for violating the Eighth Amendment for deliberate indifference to his serious medical needs. Wexford failed to provide adequate medical staff qualified to exercise judgment about Mr. THOMASON's medical problem. The Nurse Practitioner, Medical Director, Doctor KNEW the extent of Mr. THOMASON's pain, KNEW that the course of treatment was largely ineffective, and declined to do anything more to attempt to improve Mr. THOMASON's situation. Wexford's medical staff, Nurse Dallison and NP Stover lacked the medical qualifications capable of evaluating the need for treatment. As stated in Nurse Dallison's statement to Mr. THOMASON in paragraph 4, "THERE'S NOTHING SHE COULD DO FOR HIS FINGER." Nurse Practitioner Stover's actions, continuing placing a homemade splint on THOMASON's finger amounted to Wexford's medical staff being inadequate. Plaintiff injury occurred on the 2nd of May, he was seen by nurses on the 3rd of May. And x-ray was not conducted until 5 days later. Plaintiff filed a number of grievances informing the Health Care Unit and Administrators of his continuing pain and concern of his finger being permanently crooked. It was not until May 24, 2021 that he was informed of the results of the x-ray, a fractured finger. While nothing change since the x-ray, Mr. THOMASON then informed the Health Care Unit and Administrators that he would like to see a specialist so he can be provided with adequate treatment because what was being done was not working. THOMASON made clear he wanted treatment so his finger could properly heal. It was not until August 7, 2021 when he was seen by a doctor who ~~she~~ scheduled another x-ray to determine whether he needs to see an orthopedic surgeon outside the facility. THOMASON was seen by ~~MD/SAVINO~~ MD/SAVINO who informed him she's requesting surgery. This surgery has yet to occur ~~is being~~ <sup>argues</sup> ~~undetermined~~ and is continually being delayed. Mr. THOMASON also ~~argues~~ <sup>argues</sup> that Wexford Medical Provider has a policy and custom practice to allow for ~~more~~ nurses, and nurse practitioners to ~~offer~~ <sup>offer</sup> the treat inmates without ~~adequate~~ <sup>adequate</sup> skills and knowledge required to meet patients needs.



2. NURSE DALLISON At all times was a nurse employed by Wexford, and being sued in her individual capacity where her actions in handling Mr. THOMASON'S medical needs was deliberately indifferent when she stated: "There's not much that could be done for his finger," and used a homemade splint to place on his finger. Nurse Dallison lacked the skills and knowledge to adequately treat his medical needs. Nurse Dallison's statement directly demonstrate an 8th Amendment violation as indifferent towards Mr. THOMASON'S medical needs. Nurse Dallison is also being sued in her official capacity. Dallison have acted, and continue to act, under color of State law at all times relevant to this complaint.

3. NP STOVER At all times was a nurse employed by Wexford and being sued in her individual capacity. Nurse Practitioner Stover failed to provide Mr. THOMASON proper medical treatment and lacked the skills and knowledge to adequately treat his injury. Nurse Practitioner Stover's statement to Mr. THOMASON where she stated; "It's just a crooked finger, it's not the end of the world," where THOMASON complained why more is not being done to fix his finger, demonstrate an indifferent or hostile attitude toward his medical needs. NP Stover also knew that the treatment she was providing Mr. THOMASON was ineffective and failed to do anything more to improve THOMASON'S situation. Nurse Practitioner Stover is also being sued in her official capacity. NP Stover have acted, and continue to act, under the color of State law at all times relevant to this complaint.

4. Sgt. FIERRO At all times was employed by the Illinois Department of Corrections acting under the color of State law is being sued in his official and individual capacity. Sgt. Fierro is being sued for delaying Mr. THOMASON medical treatment when he knew of his serious injury. Sgt. Fierro delayed medical assistance by stating: "He forgot to make the call to Health Care. After observing Mr. THOMASON knew this was a serious medical need. In violation based on Sgt. Fierro's statement that he called Health Care and they are understaff and THOMASON'S must wait to the next day demonstrate a deliberate indifference. Sgt Fierro failed to ~~do more~~ take the necessary measures to make sure Mr. THOMASON'S serious medical needs was met, specifically, contacting a superior to make sure the plaintiff is seen by Health Care officials."

5. Dee Dee Brookhart, is the Acting Warden for the Dept. of Corrections at Lawrence Correctional Center and acting under the Color of State Law. Warden Brookhart is being sued in her official capacity. Warden Brookhart conduct in this matter demonstrate an Deliberate indifference for failing to ensure that Mr. THOMASON was provided adequate medical treatment. Warden Brookhart knew of the Wexford's Health Care Providers policy and practice that allowed for nurse and nurse practitioners to treat inmates serious medical injuries without adequate skills and knowledge required to meet patients needs. Nurse Dallison and Nurse practitioner Stover worked for Wexford and Warden Brookhart knew Wexford failed to provide adequate staff qualified to exercise reasonable judgment about Mr. THOMASON's medical problem. Brookhart knew the extent of Mr. THOMASON's pain through the many grievances he filed and knew the medical treatment being provided was not working. While Warden Brookhart is responsible for Mr. THOMASON in her custody her administration was informed of Mr. THOMASON's desire to see a specialist. However, he was informed by the Chief Administrator that his request to see an outside specialist was outside the purview of the grievance officer. Warden Brookhart knew that his medical surgery continues to be delayed and have not made any efforts to fix the situation. Such actions or non-actions in this regards demonstrate an Deliberate indifference in violation of the Eighth Amendment.

6. Rob Jeffreys, is currently and on information and belief, was for times relevant to this complaint the Acting Director of the Illinois Department of Corrections. Defendant Jeffreys oversees all employees in ILDOC, and has authority to establish, alter and implement all policies and procedures within ILDOC.

~~Don~~ Director of Nurses, Lackey, was the Director of Nurses at Lawrence Correctional Center for all times relevant to this complaint, and oversaw all medical staff operations. Don Lackey was placed on notice on August 2, 2021

When she spoke to Mr. THOMAS and he personally explained that he was being denied adequate medical care. Her first encounter with Mr. THOMAS was in May of 2021. Director of Nurse Lachey was aware of Mr. THOMAS's serious medical needs and failed to act. Lachey only stated; "She'll look into it."



## V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

- A. ISSUE AN INJUNCTION ORDERING DEFENDANTS, WEXFORD, WARDEN BROOKHART, DIRECTOR OF NURSES LACHEY AND DIRECTOR JEFFREYS TO CARRY OUT WITHOUT DELAY THE TREATMENT OF SURGERY DIRECTED BY THE DOCTOR
- B. AWARD COMPENSATORY DAMAGES IN THE FOLLOWING AMOUNT: \$100,000 JOINTLY AND SEVERALLY AGAINST DEFENDANTS, WEXFORD, NURSE DALLISON, NP STOVER, WARDEN BROOKHART, SGT. FIERRO, DIRECTOR OF NURSES LACHEY AND DIRECTOR OF ILDOC ROB JEFFREYS, FOR THE PHYSICAL AND EMOTIONAL INJURY RESULTING FROM THEIR FAILURE TO PROVIDE ADEQUATE MEDICAL CARE TO PLAINTIFF.
- C. AWARD PUNITIVE DAMAGES IN THE FOLLOWING AMOUNT: \$50,000 EACH AGAINST NURSE DALLISON AND NP STOVER, \$20,000 AGAINST SGT. FIERRO, \$50,000 EACH AGAINST WEXFORD, WARDEN BROOKHART, DIRECTOR OF NURSES LACHEY & DIRECTOR JEFFREYS.

## VI. JURY DEMAND (check one box below)

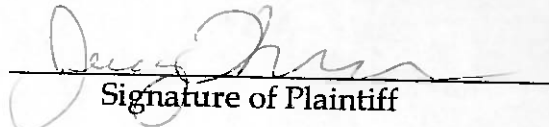
The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed  
on:

4-26-22  
(date)

  
Signature of Plaintiff

10930 LAWRENCE RD  
Street Address

JEREMY THOMASON  
Printed Name

SUMNER IL 62466  
City, State, Zip

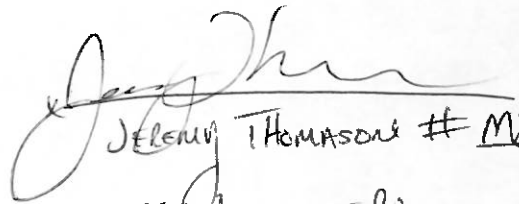
M39074  
Prisoner Register Number

N/A  
Signature of Attorney (if any)



Affidavit of Declaration of Verification

I, JEREMY THOMASON, SWEARS that the facts stated in this Complaint ARE TRUE to his knowledge, and that the facts stated on information and belief ARE TRUE to the best of his knowledge and belief.

  
JEREMY THOMASON # M39074  
10930 LAWRENCE RD  
SUMNER IL 62466

Supplemental or Pendent Jurisdiction

Jurisdiction is conferred on this Court by 42 U.S.C. §§ 1983 and 1331.

Mr. THOMASON brings forth before this Honorable Court state law claim of "Negligence" arising from the same facts. Such negligence is geared toward all Defendants named in this Complaint.

Assigned to: LAWRENCE CC #05-21-208  
MAY 20 2021  
Housing Unit 1A111 P# 121  
LAWRENCE CC  
2nd Lvl rec: JUN 17 2021

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

Date: 5-2-21	Offender (please print): Jeremy Thomason	ID #: M39074	Race (optional):
Present Facility: Lawrence Correctional Center		Facility where grievance issue occurred: Lawrence Correctional Center	

Nature of grievance:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> HIPAA*	<input type="checkbox"/> Restoration of Sentence Credit
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Other (specify):		
<input type="checkbox"/> Disciplinary Report			

Date of report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

ON 5-2-21 at about 2:00 pm i WAS at yard playing basket ball, when i hurt my Finger. we came in at about 2:30 pm and i knew i hurt my Finger but not to what extent i hurt it. So i waited about 30 minutes and my Finger started Swelling and turning colors. So i told Sgt Fierro ON Second Shift at 3:00 pm count, he looked at my Finger and said "Damn yea that looks bad, let me call healthcare and see if i can get you over there, but theres not much they can do for a broke Finger."

☒ Continued on reverse

Relief Requested:

Adequate Medical treatment and to address emergencies as they are presented.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☒ Check if this is NOT an emergency grievance

*Jeremy Thomason*  
Offender's Signature

M39074  
ID#

5-16-21  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 5-21 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

Per HCL response offender was seen by HCL as soon as they were notified. Offender is being seen by NP on 5-24-21. Treatment plans are set up by providers.

*Christopher W. H.*  
Print Counselor's Name

*Christopher W. H.*  
Sign Counselor's Name

5-26-21  
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature:

☐ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date



1st Lt v l r c

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lt v l r c

So i waited patiently for about four hours and at about 7pm i asked Sgt Fierro what did health care say about my finger. he said he forgot that he would go call now. about 20 minutes later he came back and said that health care is under staff and too busy to see me tonight to try tomorrow. So on 5-3-21 i stopped Sgt Walker on First shift at about 8:00am told him what was going on and he sent me right over to health care. upon arriving i was seen by a nurse UNKNOWN name, middle aged, short blondish-brown hair with glasses. i showed her my finger and told her what happened and that i think i broke my finger. She told me it looks pretty messed up but there's really nothing they can do for a broken finger. i told her i don't want my finger to get stuck crooked. She said well let me try and fix you up something. She pulled out a tongue suppressor, gauze and tape and made a splint for my finger. She prescribed me a 12 pack of 325mg Tylenol and said she could not give me an ice permit and sent me back to the housing unit. on 5-5-21 i had a 8:30am call pass to see NP Stover upon arriving she changed my tongue suppressor, gauze and tape with new ones and said we will keep doing this to attempt to straighten my finger. She told me she would see me again on 5-7-21 to see how i was doing and to change my splint. She gave me an ice permit for the pain and swelling and a bag permit so i don't get my splint wet in the shower, since im not to take it off, and i was sent back to the housing unit. on 5-7-21 i had a 10:00am call pass to see NP Stover upon arriving she asked how my finger was doing, i told her its continuing to cause me severe pain and that it shouldn't hurt this bad that it doesn't feel right. She prescribed me 800mg I.b. profen and 500mg Tylenol and continued to straighten my finger with the splint she made. She told me i was about to go get my finger X-rays taken in a couple of minutes and that she would see me again on 5-10-21. I was taken to the X-ray room and took my X-rays and told the results would be in soon give it a couple days. and sent back to my housing unit. on 5-10-21 i was called over to see NP Stover at 12:30pm she asked how i was doing, i told her im still in a lot of pain. She changed my splint with a new one to continue to attempt to straighten my finger. i asked about my X-ray results she said that they were not in yet and sent me back to my housing unit. on 5-11-21 a nurse brought me over two blister packs of 500mg Acetaminophen prescribed to me. the same day of 5-11-21 at about 11:30am an inmate accidentally spilled a cup of coffee on my splint and i was told by NP Stover if it gets wet or ruined to have an officer call health care and send me over for a new one right away. i told Sgt yanaka on 1st shift and he said there was a nurse in the foyer to go tell her what was going on. it was the blonde nurse everyone calls ms K. a younger lady. She wrote down my name and I.d number and said she would go see what needed to be done. I never heard anything back. So when 2nd shift came in i told Sgt piper and i got over to health care at about 8:30pm and a nurse UNKNOWN name middle aged with shoulder length blonde hair and glasses attempted to put a splint on my finger but it wasn't the same way NP Stover had it on keeping my finger completely straight. when i told her it had to be straight she said its the best she can do and to keep it dry and sent me back to my housing unit. i still havent seen anyone about my finger since 5-11-21 and my finger is setting in a makeshift splint not completely straight as it should be.

TO: Grievance Officers

continued on next page



Grievance Officer's Report

Date Received: 06/17/2021 Date of Review: 06/17/2021 Grievance # (optional): 05-21-208

Offender: **THOMASON** ID#: **M39074**

**Nature of Grievance: Medical Treatment**

**Facts Reviewed:** Offender Thomason M39074 wrote grievance on 05/16/2021 concerning incident date of 05/02/2021, received at 1<sup>st</sup> level on 05/20/2021, and answered by counselor Waltz on 05/26/2021. Grievant claims they have not received adequate care from the HCU for a finger injury.

**Relief Requested:** "Adequate medical treatment and to address emergencies as they are presented."

**Counselor Response:** Per HCU response offender was seen by HCU as soon as they were notified. Offender is being seen by NP on 05/24/2021. Treatment plans are set up by providers."

Grievance Officer reviewed the grievant's medical call pass hx and it indicates that since the date of the grievance, the grievant has been scheduled to see the NP on 5/28, 6/2, 6/7; and scheduled for x-rays on 6/16.

**Recommendation:** Based upon a total review of all available information, this Grievance Officer recommends that the grievance be **DENIED - grievant has been seen by the HCU.**

J. Garrett, CCII

Print Grievance Officer's Name \_\_\_\_\_

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

### Chief Administrative Officer's Response

Date Received: 10/2/01 ☒ Concur ☐ I do not concur ☐ Remand

**Action Taken:**

Chief Administrative Officer's Signature

Date \_\_\_\_\_

### Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)

Offender's Signature

10

Date \_\_\_\_\_

J.B. Pritzker  
Governor



Rob Jeffreys  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name:

Thomason, Jeremy

July 19, 2021  
Date

ID#:

M39074

Facility:

Lawrence

This is in response to your grievance received on 7/12/2021. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/2/21 Grievance Number: 05-21-208 Griev Loc: LAW/HCU

☐ Transfer denied by the Facility

☐ Dietary

☐ Personal Property

☐ Mailroom/Publications

☐ Assignment (job, cell)

☐ Commissary / Trust Fund

☐ Conditions (cell conditions, cleaning supplies, etc.)

☐ Disciplinary Report. Dated: Incident #

☒ Other

ix finger, injured 5/2/21

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warder is advised to provide a written response of corrective action to this office by

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

☒ Other:

Moat as you're being seen. Continue to utilize nurse sick call as needed.

FOR THE BOARD:

S. Benton

Sherry Benton  
Administrative Review Board

CONCURRED:

Rob Jeffreys  
Acting Director

CC: Warden,

LAW

Correctional Center

Thomason, Jeremy

ID# M39074

Mission: To serve justice in Illinois and increase public safety by promoting positive change in individuals in custody behavior, operating successful reentry programs, and reducing victimization.

Assigned Grievance Institution # 05-21-177

1st Lvl rec: AUG 23 2021 Housing Unit 2A-04A 2nd Lvl rec: AUG 24 2021

ILLINOIS DEPARTMENT OF CORRECTIONS  
**Offender's Grievance**

Date: <u>8-23-21</u>	Offender (please print): <u>Jeremy Thomason</u>	ID #: <u>M39074</u>	GRIEVANCE Race (optional): <u>WHITE</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>	

**Nature of grievance:**

- ☐ Personal Property
 ☐ Mail Handling
 ☒ Medical Treatment
 ☐ ADA Disability Accommodation  
☒ Staff Conduct
 ☐ Dietary
 ☐ HIPAA
 ☐ Restoration of Sentence Credit  
☐ Transfer Denial by Facility
 ☐ Other (specify): \_\_\_\_\_  
☐ Disciplinary Report

Date of report

Facility where issued

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance".

**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor  
**Chief Administrative Officer**, only if **EMERGENCY** grievance

Mail to **Administrative Review Board**, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 5-2-21 i injured my Finger Playing Basketball (See grievance # 05-21-205) i have consistently been complaining of Pain in my injured Finger (See medical Records Dated - 5-3-21 5-4-21 5-7-21 5-10-21 5-28-21 6-2-21 6-7-21 6-30-21 7-27-21 and some most recent call passes ive been told to have my splint changed. and i have reported this pain to Nurse Dallison, NP Sara Stover, Nurse Carrie Fowler, nurse Baker, nurse Harris and nurse Davidson. I am continuing to have Severe throbbing Pain in my Finger and hand. and the treatment

☒ Continued on reverse

**Relief Requested:**

To See a Specialist so i can be provided with medical treatment that will adequately treat my pain, prevent any further unnecessary Pain and suffering. and will treat my injury in a manner that will allow it to properly Heal.

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is **NOT** an emergency grievance.

Jeremy Thomason  
Offender's Signature

M39074  
ID#

8-23-21  
Date

(Continue on reverse side if necessary)

**Counselor's Response** (if applicable) Date Received: \_\_\_\_\_ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

**Response:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Counselor's Name

Sign Counselor's Name

Date

**Note to offender:** If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

**EMERGENCY REVIEW:**

Date Received: 8-23-21

Is this determined to be of an emergency nature

- ☒ Yes, expedite emergency grievance  
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

[Signature]  
Chief Administrative Officer's Signature

0123.001  
Date



1st Lvl rec:

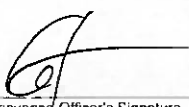
ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance


2nd Lvl rec:

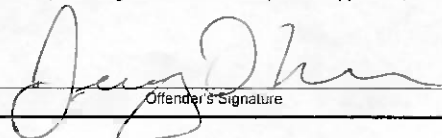
that i have been ~~receiving~~ receiving does NOT relieve the ~~pain~~ pain and has been preventing and prolonging the healing of my finger. this treatment is making my injury worse and causing me a significant amount of pain, and despite medical personnel being aware of such, they refuse to provide me another course of treatment. this has been going on for about 3 months and 3 weeks now with the same result. I am in extreme pain everyday, sleep deprived and becoming depressed because i am concerned with the possibility of losing my finger or having to live with its mobility forever being compromised. Also on 7-27-21 i was seen and treated by nurse Carrie Fowler, upon arriving she asked me on a scale from 1-10 how much pain was i currently in, i said an eight (8) out of 10. She changed my splint i left. Now a couple days ago i was reading my medical records i had just recieved and i says she wrote down on my medical records that i said my pain level on a scale from 1-10 was a three (3) out of 10. So i would like to have my medical records corrected so that the severity of my injury is NOT down played in the least bit. Tylenol and I.b. profen are NOT strong enough to relieve the pain from a broken/fractured bone.



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 08/24/2021	Date of Review: 08/31/2021	Grievance # (optional): 08-21-179
Offender: THOMASON, JEREMY	ID#: M39074	
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> Thomason M39074 wrote grievance on 08/23/2021 concerning incident date(s) of 05/02/2021 &amp; 07/27/2021 and Grievance was deemed emergency by the CAO on 08/213/2021. Grievant claims that they have been dealing with continued pain from an injury that occurred on 05/02/2021 and the grievant claims that HCU is not doing enough to alleviate the pain. Grievant claims that on 07/27/2021, the grievant was asked by a medical professional what their pain rating was. The grievant claims they stated it was an 8 out of 10. The grievant claims that their medical records reflect their response as 3 out of 10.</p> <p><b>Relief Requested:</b> "To see a specialist so i can be provided with Medical treatment that will adequately treat my pain, prevent any further unnecessary pain and suffering, and treat my injury in a manner that will allow it to properly heal."</p> <p><b>HCUA Response: Review of medical chart documentation:</b> Documentation from nursing staff on 08/27/2021 remains 3/10 on pain scale."</p> <p><b>Grievance Officer's Review:</b> The events concerning the injury and subsequent HCU care will not be reviewed by the Grievance Officer due to the grievant's concerns being noted on grievance # 07-21/058.</p> <p>Concerning the changing of the grievant's medical documentation, specifically the event on 07/27/2021, the grievant needs to seek remedy with the HCU prior to filing a grievance. This Grievance Officer recommends that the grievant request to be seen by a medical professional during the Nurse sick call, in order to discuss their medical record concerns and to provide an update on the status of their injury. Furthermore, the grievant is encouraged to continue to utilize the "request" system that's detailed within the Lawrence CC Offender Orientation Manual to address additional medical concerns and to seek the scheduling of medical appointments.</p> <p><b>Recommendation:</b> Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>DENIED</b>.</p>		
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>J. Garrett, CCII</p> <p><small>Print Grievance Officer's Name</small></p> </div> <div style="text-align: center;">   <p><small>Grievance Officer's Signature</small></p> </div> </div> <p><small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small></p>		

Chief Administrative Officer's Response	
Date Received: 9/9/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Action Taken:</p>	
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">   <p><small>Chief Administrative Officer's Signature</small></p> </div> <div style="text-align: center;"> <p>9/9/21</p> <p><small>Date</small></p> </div> </div>	

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
 <p><small>Offender's Signature</small></p>	<p>M39074</p> <p><small>ID#</small></p>	<p>9-9-21</p> <p><small>Date</small></p>

J.B. Pritzker  
Governor



Rob Jeffreys  
Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Jeremy Thomason

9/21/21

Date

ID#: M39074

Facility: Lawrence

This is in response to your grievance received on 09/11/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 08/23/21 Grievance Number: 08/21/179 Griev Loc: Lawrence

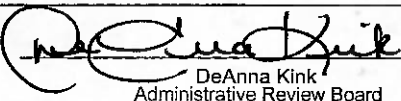
- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other Medical Treatment - 07/27/21- Pain in finger since injury on 05/02/21. Incorrect medical records.

**Based on a review of all available information, this office has determined your grievance to be:**

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.
- ☒ Other: HCUA- documentation on medical record still reflects 3/10 pain level. Grievant may request NC to HCU to discuss medical record concerns.

Treatment is at the discretion of the IDOC physician. Healthcare care was previously addressed in GRV 07/21/058.

FOR THE BOARD:

  
DeAnna Kink  
Administrative Review Board

CONCURRED:

  
Rob Jeffreys  
Director

CC: Warden, Lawrence Correctional Center  
Jeremy Thomason, ID# M39074

*Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.*

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2AUI2

2nd Lvl Rec AUG 0 1 2021

Date: <u>7-22-21</u>	Offender (please print): <u>Jeremy Thomason</u>	ID #: <u>M39074</u>	Facility where grievance issue occurred: <u>Lawrence C.C.</u>
Present Facility: <u>Lawrence C.C.</u>			

## Nature of grievance:

- ☐ Personal Property    ☐ Mail Handling    ☒ Medical Treatment    ☐ ADA Disability Accommodation  
☒ Staff Conduct    ☐ Dietary    ☐ HIPAA    ☐ Restoration of Sentence Credit  
☐ Transfer Denial by Facility    ☐ Other (specify): \_\_\_\_\_  
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor Chief Administrative Officer, only if EMERGENCY grievance  
 Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 7-22-21 I received in the mail, Grievance # 7-21-73  
 With Counselor Christopher Waltz Response to grievance stating  
 "Per HCU response per medical chart documentation, Patient  
 Seen by provider and treated on 7-2-21, 6-30-21, 6-25-21,  
 6-16-21, 6-7-21 and 6-2-21 in regards to ongoing finger issue"  
 THIS HCU Response Per medical chart documentation is FALSE!  
 I WAS NOT Seen by or Treated by NP Stover or

Continued on reverse

## Relief Requested:

I want the Forgery of my medical chart documents to  
 Stop immediately, And my medical chart documents corrected from  
 the forgery! and to be seen and treated by HCU providers on the date and  
 time my call passes are forg and my finger to be cleaned and applied a  
 new makeshift splint to in a timely manner.

- ☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  
☐ Check if this is NOT an emergency grievance.

Jeremy Thomason M39074 7-22-21  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 7/29/21 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

## Response:

For JDL SOL duplicate to Grievance # 07-21-073 per CHAMP  
 entry dated 07/26/21 - "Grievance Officer reviewed at 2nd level; Forwarded  
 to the CAD"

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 7/23/21

Is this determined to be of an emergency nature:

- ☒ Yes, expedite emergency grievance  
☒ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

anyone on HCU STAFF ON 7-2-21. I did have a 2:00pm call pass to see NP Stover on 7-2-21, and i did go to the HCU on 7-2-21, and upon arriving at HCU i was stopped by Sgt Snearly before entering the waiting room and told that NP Stover has cancelled my call pass because she had just seen me the day before. i told Sgt Snearly i need to be seen by NP Stover so that my splint can be changed before it gets dirty, sweetly and stinking. Sgt Snearly told me NP Stover cancelled my call pass and to go back to my living unit. There is another lie, NP Stover did NOT see me the day before 7-2-21, she seen me on 6-30-21 and HAS NOT seen me since then and today is 7-22-21, that is 22 days since my make shift splint has been changed or my finger cleaned!, and yet again my make shift splint is filthy, stinking and disgusting. This is INHUMANE and cruel and unusual punishment. The witnesses i have to prove that i was NOT seen by or treated by the HCU STAFF are as follows:

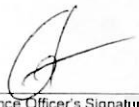
Sgt Bridwell, he sent me to HCU at about 2:00 pm for my HCU call pass and seen me come right back after leaving the HCU. he asked me why was i back so fast, i told him that Sgt Snearly just told me to go back to my living unit because NP Stover cancelled my call pass. He told me that was weird because Healthcare just called for me to come over.



Sgt Snearly, he was the one that told me to go back to my living unit, at Healthcare, that my 2:00pm call pass with NP Stover was cancelled because she said to cancel it.

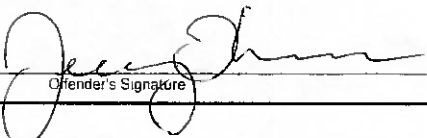
and i also have documents to prove i was never seen or treated by HCU providers on 7-2-21, this is NOT right the HCU has forged my medical chart documents, that i WAS seen and treated by providers on 7-2-21.

There is also camera footage that will show that i WAS never allowed into the actual HCU to be seen or treated on 7-2-21. by HCU STAFF.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 08/02/2021	Date of Review: 08/02/2021	Grievance # (optional): 07-21-199
Offender: THOMASON, JEREMY		ID#: M39074
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> Thomason M39074 wrote grievance on 07/22/2021 concerning incident date of 07/22/2021, received at 1<sup>st</sup> level on 07/23/2021, received by counselor McFarland on 07/29/2021, answered on 07/29/2021. Grievant claims that their medical charts have been forged with inaccurate dates in which the grievant was stated to have been seen by a medical professional.</p> <p><b>Relief Requested:</b> "I want the forgery of my medical chart documents to stop immediately, and my medical chart documents corrected from the forgery! And to be seen and treated by HCU providers on the date and time my call passes are for, and my finger to be cleaned and applied a new makeshift splint to in a timely manner."</p> <p><b>Counselor's Response:</b> "Per DR 504 duplicate to grievance # 07-21-073. Per CHAMP entry dated 07/26/2021 - "Grievance Officer reviewed at 2nd level, forward to CAO."</p> <p><b>Grievance Officer's Response:</b> Unable to substantiate the grievant's claims concerning claims of medical chart forgery. Medical issues concerning the grievant's finger are consider a duplicate to grievance # 07-21-073.</p>		
<p><b>Recommendation:</b> Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>DENIED</b>.</p>		
J. Garrett, CCII <small>Print Grievance Officer's Name</small>		 <small>Grievance Officer's Signature</small>
<small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small>		

Chief Administrative Officer's Response	
Date Received: 8/11/21	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Action Taken:	
 <small>Chief Administrative Officer's Signature</small>	 <small>Date</small>

Offender's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>	
 <small>Offender's Signature</small>	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> M39074  <small>ID#</small> </div> <div style="text-align: center;"> 8-11-21  <small>Date</small> </div> </div>



J.B. Pritzker  
Governor



Rob Jeffreys  
Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Thomason, Jeremy

9/28/21

Date

ID#: M39074

Facility: Lawrence

This is in response to your grievance received on 8/17/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 7/22/21 Grievance Number: 07-21-199 Griev Loc: LAW/HCU

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other NP Stover, forged documents, splint change June/July 2021

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☒ Other: Contact made with HCU, this grievance is denied.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

FOR THE BOARD:

S. Benton  
Sherry Benton  
Administrative Review Board

CONCURRED:

Rob Jeffreys  
Rob Jeffreys  
Director

CC: Warden, Lawrence Correctional Center  
Thomason, Jeremy, ID# M39074

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.



ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2AUI2

LAWRENCE CC

Date: JUL 13 2021	Offender (please print): Jeremy Thomason	ID #: M39074	Race (optional): White
Present Facility: Lawrence C.C.	Facility where grievance issue occurred: Lawrence C.C.		

## Nature of grievance:

- ☐ Personal Property
 ☐ Mail Handling
 ☒ Medical Treatment
 ☐ ADA Disability Accommodation  
☒ Staff Conduct
 ☐ Dietary
 ☐ HIPAA
 ☐ Restoration of Sentence Credit  
☐ Transfer Denial by Facility
 ☐ Other (specify): \_\_\_\_\_  
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 6-30-21 at approximately 1:00pm I went to HCU to see NP Stover about my makeshift splint needing changed, due to it being dirty, smelly and falling apart. She seen my finger splint was really nasty and said she will start getting me over to the HCU more frequently instead of 5 or more days at a time. She told me she would see me again to have my splint changed on 7-2-21. ON 7-2-21 at approximately 2:00pm I had a call pass to see NP Stover

☒ Continued on reverse

## Relief Requested:

I want to have my medical needs met in a timely manner and given adequate medical treatment. I also want to see an outside specialist pertaining to why my finger is not healing properly or being maintained properly. This is an act of inadequate medical treatment and deliberate indifference.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

*Jeremy Thomason*  
Offender's Signature

M39074  
ID#

7-11-21  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

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Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: 7/14/21

Is this determined to be of an emergency nature:

☒ Yes, expedite emergency grievance

☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

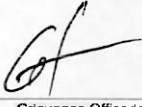
*[Signature]*  
Chief Administrative Officer's Signature


*7/14/21*  
Date

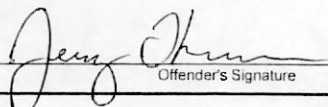
ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

to have my MakeShift Splint changed. Upon arriving, I was stopped by Sgt Snearly, he told me to go back to my housing unit, I asked why "I need my splint changed" He told me that NP Stover cancelled my call pass saying "she just saw me the day before" I told him that we aren't letting my splint go unchanged for more than a couple of days because it's messing up the skin on my finger and causing me to keep a nasty + dirty and disgusting splint on my finger for long periods of time. Since my injury to my finger on 5-2-21 I have been forced to keep these disgusting, stinking, filthy makeShift splints on my finger for periods of 13 days at a time on one occasion, from 5-11-21 to 5-24-21. then for 9 days on another occasion from 6-7-21 to 6-16-21. then for 9 days again on another occasion from 6-16-21 to 6-25-21. and right now on 7-11-21 I have NOT had my makeShift splint changed since 6-30-21 and that's 11 days right now and again my splint is dirty, stinking, and in need of being changed. and if you look at my call pass history the majority of them are scheduled for approximately every 4 days. this is NOT right. why am I NOT being seen when I am supposed to be? This is NOT only a huge lack of professionalism but also an act of cruel and unusual punishment, leaving these germ filled, nasty makeShift splints on my finger for long periods of time, knowing that I can't take them off because it would interrupt my healing process, is an act of deliberate indifference and inadequate medical treatment.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>07/14/2021</u>	Date of Review: <u>07/19/2021</u>	Grievance # (optional): <u>07-21-101</u>
Offender: <b>THOMASON, JEREMY</b>	ID#: <b>M39074</b>	
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> Thomason M39074 wrote grievance on 07/11/2021 concerning incident date(s) of 06/30/2021 &amp; ONGOING and Grievance was deemed emergency by the CAO on 07/14/2021. Grievant claims they have not been receiving adequate care for a finger injury and requests to be sent to an outside medical provider to supplement care.</p> <p><b>Relief Requested:</b></p> <p>Duplicate Grievance to 07-21-058</p>		
<p><b>Recommendation:</b> Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>DENIED</b>.</p>		
<div style="display: flex; justify-content: space-between;"> <div> <p><u>J. Garrett, CCII</u></p> <p>Print Grievance Officer's Name</p> </div> <div>   <p>_____ Grievance Officer's Signature</p> </div> </div> <p style="text-align: center; font-size: small;">(Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		

Chief Administrative Officer's Response	
Date Received: <u>7/22</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p><b>Action Taken:</b></p>	
<div style="display: flex; justify-content: space-between;"> <div>   <p>_____ Chief Administrative Officer's Signature</p> </div> <div> <p><u>7/22</u></p> <p>_____ Date</p> </div> </div>	

Offender's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>	
 <p>_____ Offender's Signature</p>	<p><u>M39074</u></p> <p>_____ ID#</p> <p>_____ Date</p>



Assigned Grievance #/Institution

Housing Unit

1-A-11

GRIEVANCE  
OFFICE

1st Lvl rec:

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

2nd Lvl rec:

Date: <u>6-29-21</u>	Offender (please print): <u>Jeremy Thomason</u>	ID #: <u>M39074</u>	Race (optional): <u>White</u>
Present Facility: <u>Lawrence C.C.</u>		Facility where grievance issue occurred: <u>Lawrence C.C.</u>	

## Nature of grievance:

- ☐ Personal Property    ☐ Mail Handling    ☒ Medical Treatment    ☐ ADA Disability Accommodation  
☒ Staff Conduct    ☐ Dietary    ☐ HIPAA    ☐ Restoration of Sentence Credit  
☐ Transfer Denial by Facility    ☐ Other (specify): \_\_\_\_\_  
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 6/25/21, at approx. 1pm I was told by Pod. Officer Ms. Ausbrook that I needed to go to Health Care for My finger injury. Upon arriving I was seen by NP Stover. She informed me that my second X-Ray results were in, and they showed that My fractured finger has NOT healed in the least bit. That there is absolutely NO calcification surrounding my fractured finger. I told her that it's been about seven and a half weeks since my finger was fractured

☒ Continued on reverse

## Relief Requested:

I want to be seen by an outside Specialist to receive adequate Medical Treatment.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance

Jeremy Thomason  
Offender's Signature

M39074  
ID#

6-29-21  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: \_\_\_\_\_ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

## Response:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Counselor's Name

Sign Counselor's Name

Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received 7/9/21

Is this determined to be of an emergency nature

- ☒ Yes, expedite emergency grievance  
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

[Signature]  
Chief Administrative Officer's Signature

7/9/21  
Date

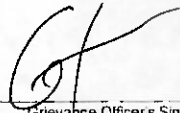
ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance

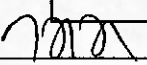

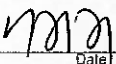
1st Edition

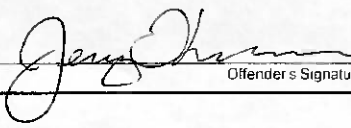
2nd Edition

and how was that possible. She told me She doesn't know. I asked her what are we gonna do now, I'm still in alot of pain? She said we will tape your finger to one of your other fingers and see if your finger heals. I told her my finger still remains really crooked and curving to the left, why didn't my finger get "Set" straight before we started the attempted healing process? So that my finger won't end up permanantley crooked. She said "We Don't Do That", "We Don't Set Fingers". This Violates U.S.C.A. B. in which is Cruel and Unusual Punishment.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: 07/12/2021	Date of Review: 07/19/2021	Grievance # (optional): 07-21-058
Offender: THOMASON, JEREMY	ID#: M39074	
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> Thomason M39074 wrote grievance on 06/29/2021 concerning incident date(s) of 06/25/2021 and Grievance was deemed emergency by the CAO on 07/09/2021. Grievant claims they have not been receiving adequate care for a finger injury and requests to be sent to an outside medical provider to supplement care.</p> <p><b>Relief Requested:</b> "I want to be seen by an outside specialist to receive adequate medical treatment."</p> <p><b>HCUA Response: Review of medical chart documentation:</b> "patient has been seen and continues to be seen by providers at Lawrence CC HCU for health care issues. Review of medical chart documentation – no referral for "outside specialist" by licensed providers who determine plan of care. MD/MO/PA with Wexford Health Sources are charged with determining plan of care for patients."</p> <p><b>Grievance Officer's Review:</b> Per IDOC "call pass" records and the HCUA response, it appears that the grievant continues to be seen by medical professionals to address medical concerns. Individuals in custody referrals to outside medical providers is outside the purview of the Grievance Officer.</p> <p>Per IDOC "call pass" records and the HCUA response, it appears that the grievant continues to be seen by medical professionals to address medical concerns. Individuals in custody referrals to outside medical providers are outside the purview of the Grievance Officer.</p> <p>The grievant is encouraged to utilize the "request" system that's detailed out in the Lawrence CC Offender Orientation Manual to address additional medical concerns and medical appointment requests.</p>		
<p><b>Recommendation:</b> Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>MOOT</b>.</p>		
<p>J. Garrett, CCII</p> <p><small>Print Grievance Officer's Name</small></p>		 <p><small>Grievance Officer's Signature</small></p>
<p><small>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</small></p>		

Chief Administrative Officer's Response		
Date Received: 	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand	
<p><b>Action Taken:</b></p>		
 <p><small>Chief Administrative Officer's Signature</small></p>		 <p><small>Date</small></p>

Offender's Appeal To The Director		
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>		
 <p><small>Offender's Signature</small></p>	<p>M39074</p> <p><small>ID#</small></p>	<p><small>Date</small></p>



J.B. Pritzker  
Governor



Rob Jeffreys  
Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Jeremy Thomason

8/24/21

Date

ID#: M39074

Facility: Lawrence

This is in response to your grievance received on 08/04/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 06/29/21 & 07/11/21 Grievance Number: 07-21-058 & 07-21-101 Griev Loc: Lawrence

- ☐ Transfer denied by the Facility
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)
- ☐ Commissary / Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies, etc.)
- ☐ Disciplinary Report: Dated: Incident #
- ☒ Other Medical Treatment-Inadequate care for finger/wants referral for outside doctor

**Based on a review of all available information, this office has determined your grievance to be:**

- ☐ Affirmed, Warden is advised to provide a written response of corrective action to this office by
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☒ Other: HCUA states grievant has been seen multiple times in HCU. (8 times since the date of the GRV's) Treatment is at the discretion of the IDOC Physician.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

Grievant may continue to req visits to HCU for future medical concerns.

FOR THE BOARD:

DeAnna Kink  
DeAnna Kink  
Administrative Review Board

CONCURRED:

Rob Jeffreys  
Rob Jeffreys  
Director

CC: Warden, Lawrence Correctional Center  
Jeremy Thomason, ID# M39074

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.

RECEIVED LAWRENCE CC  
7-21-23  
Assigned Grievance #instigation  
111 119 2017  
Housing Unit 1A-11 Bed # 23  
1st Lvl rec: GRIEVANCE ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance  
Date: 6-24-21 Offender (please print): Jeremy Thomason ID #: M39074 Race (optional): White  
Present Facility: Lawrence C.C. Facility where grievance issue occurred: Lawrence C.C.

## Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation  
☒ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit  
☐ Transfer Denial by Facility ☐ Other (specify): \_\_\_\_\_  
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor  
 Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

on 6-7-21 i had a call pass to see nlp Stover @ 2:30pm. She changed my splint and told me she would call me over again to have it changed the following Friday, which is 6-11-21 to have the new one put on and to ~~clean~~ clean my finger. so 6-11-21 comes and no call pass. then on 6-16-21 i had a call pass for a second X-Ray, after getting my X-ray

Continued on reverse

## Relief Requested:

For my medical treatment to be timely and proper (to have my medical needs met when they are supposed to be.)

- ☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  
☒ Check if this is NOT an emergency grievance.

Jeremy Thomason  
Offender's Signature

M39074  
ID#

6-24-21  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: 7-12 ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

## Response:

Per HCU Response per medical chart documentation patient seen by provider and treated on 7-2-21, 6-30-21, 6-25-21, 6-16-21, 6-7-21 and 6-2-21 in regards to ongoing finger issue.

Christopher Waltz  
Print Counselor's Name

Chris Waltz  
Sign Counselor's Name

7-20-21  
Date

Note to offender: If you disagree with the counselor's response, it is your responsibility to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received \_\_\_\_\_

Is this determined to be of an emergency nature.

- ☐ Yes, expedite emergency grievance  
☐ No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

Chief Administrative Officer's Signature

Date

DOC 0046 (Rev. 01/2020)

Assigned On: 04/26/2022

Assigned By: [redacted]

Date: [redacted]

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender's Grievance


Date Rec: [redacted]

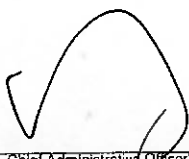
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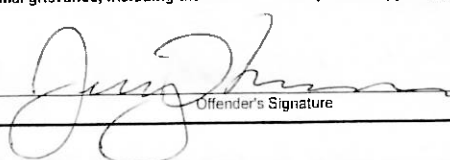
i caught a random nurse Br/hair middle age with glasses and asked her if she could please change my splint it was dirty and falling apart. She took down my name + I.D.# and changed my splint for me. it is now 6-24-21 and again im setting with a dirty, nasty, stinking splint on my finger and need it changed A.S.A.P. I shouldn't have to set here with a disgusting stinking splint, it isn't right.



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

Grievance Officer's Report		
Date Received: <u>07/21/2021</u>	Date of Review: <u>07/26/2021</u>	Grievance # (optional): <u>07-21-073</u>
Offender: <u>THOMASON, JEREMY</u>	ID#: <u>M39074</u>	
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> Thomason M39074 wrote grievance on 06/24/2021 concerning incident date of 06/16/2021, received at 1<sup>st</sup> level on 07/09/2021, received by counselor Waltz on 07/12/2021, answered on 07/20/2021. Grievant claims they are suppose to be call passed to HCU regularly to have their splint changed, but they have not been call passed.</p> <p><b>Relief Requested:</b> "For my medical treatment to be timely and proper (to have my medical needs met when they are supposed to be.)"</p> <p><b>Counselor's Response:</b> Per HCU response per medical chart documentation patient seen by provider and treated on 7/2/21, 06/30/21, 03/25/21, 06/16/21, 06/07/21, 06/02/21 in regards to ongoing finger issue."</p> <p><b>Grievance Officer's Review:</b> Per IDOC "call pass" records, it appears the grievant continues to see a medical professional to address their medical concerns.</p>		
<p><b>Recommendation:</b> Based upon a total review of all available information, this Grievance Officer recommends that the grievance be <b>MOOT</b>.</p>		
<p>J. Garrett, CCII</p> <p>Print Grievance Officer's Name</p> <p>(Attach a copy of Offender's Grievance, including counselor's response if applicable)</p>		 <p>Grievance Officer's Signature</p>

Chief Administrative Officer's Response	
Date Received: <u>7/26/21</u>	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
<p>Action Taken:</p>	
 <p>Chief Administrative Officer's Signature</p>	<p><u>7/26/21</u></p> <p>Date</p>

Offender's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must, within 30 days after the date of the Chief Administrative Officer's decision, be received by the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response if applicable, and any pertinent documents.)</p>	
 <p>Offender's Signature</p>	<p><u>M39074</u>     <u>8-3-21</u></p> <p>ID#     Date</p>

J.B. Pritzker  
Governor



Rob Jeffreys  
Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name:

Thomason, Jeremy

ID#:

M39074

Facility:

Lawrence

9/21/2021  
Date

This is in response to your grievance received on 8/9/2021. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 6/24/21 Grievance Number: 07-21-073 Griev Loc: Law/HCU

- ☐ Transfer denied by the Facility
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_
- ☐ Commissary / Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies, etc.) \_\_\_\_\_
- ☐ Disciplinary Report: Dated: \_\_\_\_\_ Incident # \_\_\_\_\_
- ☒ Other changing of spirit June 2021

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

☒ Other: Mixed. Cannot substantiate a deliberate delay.

FOR THE BOARD:

S. Benton

Sherry Benton  
Administrative Review Board

CONCURRED:

Rob Jeffreys  
Rob Jeffreys  
Director

CC: Warden,

Lawrence

Correctional Center

Thomason, Jeremy ID# M39074

Mission: To serve justice in Illinois and increase public safety by promoting positive change for those in custody, operating successful reentry programs, and reducing victimization.